SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3,

- Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece.
- or on the front if space permits.

1. Article Addressed to: exas Form Medir Services 9590 9402 8473 3186 0178 82

2. Article Number (Transfer from service label)

5270

0926 1867 31

COMPLETE THIS SECTION ON DELIVERY

A. Signature B. Received by (Printed Name)

☐ Agent Addressee

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

TI No

3. Service Type S Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail®

☐ Collect on Delivery

☐ Insured Mail

(over \$500)

☐ Certified Mail Restricted Delivery

☐ Insured Mail Restricted Delivery

☐ Collect on Delivery Restricted Delivery

☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Signature Confirmation™

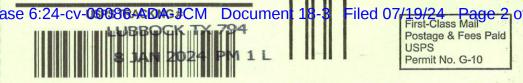
☐ Priority Mail Express®

□ Signature Confirmation

Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



9590 9402 8473 3186 0178 82

United States Postal Service

 Sender: Please print your name, address, and ZIP+4® in this box
(DIA) DOD , D'ILIMAC
brandon soe williams
(a)) (a)
PO BOX 1962
10000
Glendale, CA 9/209
CORACIP CA YIJOT
Officall, Chi floor

յեփիիիիրություների և բարարարի արդանակին իր